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collection of information unless it displays a valid OMB control number. Under the Paperwork Reduction Act of 1995, no persons are required to respond to Application Number Filing Date **POWER OF ATTORNEY** First Named Inventor Anders JONSSON and Title CORRUGATED PRODUCT **CORRESPONDENCE ADDRESS Art Unit INDICATION FORM Examiner Name Attorney Docket Number** I hereby appoint: 022859 Practitioners associated with the Customer Number: Practitioner(s) named below: Name Registration Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Please recognize or change the correspondence address for the above-identified application to: The address associated with the above-mentioned Customer Number: OR The address associated with Customer Number: Individual Name Address Address Zip City State Country Fax Telephone lam the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record (if assignee, put name, title and company name in the "Name" space below) Signature Telephone +46-431-431 444 700 Date NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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